STATE OF CALIFORNIA

## 1122 PROGRAM PRE-AUTHORIZATION FORM - GSA

(GSA Schedule Items Only) .....Counter-Drug 1122A1 Page 1/2 (Revise 07-09) .....Homeland Security .....Emergency Response **Ordering Agency** Agency Name: \_\_\_ \_\_\_\_\_ Agency #:\_\_\_\_ Address: \_\_ City: \_\_\_ Zip: POC: \_\_\_\_\_ E-Mail: \_\_\_\_\_ \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax #:\_\_\_ Phone #: Ship to Agency Name: \_\_\_ ATTN: \_\_\_ Address: \_\_\_ City: Zip:\_\_ Order Justification: Selected Vendor GSA Contract #: GS / Company Name: \_\_\_\_\_ GSA Schedule/ SIN # FEIN #: Address: \_\_\_ \_\_\_\_\_\_Zip: \_\_\_\_\_ City, State: \_\_\_ POC: E-Mail: \_\_ Fax: \_\_\_ Phone: \_ **Selected Vendor Justification:** 1122 Program Use Only Reviewed by 1122 staff 1122 Review Date: □ Approved ☐ Vendor Justification Insufficient Disapproved ■ Non-GSA Item Non DHS Approved Equipment list ☐ Other(please explain below) ☐ Savings Insufficient ☐ Justification Insufficient Comments

## 1122 PROGRAM PRE-AUTHORIZATION FORM - GSA

(GSA Schedule Items Only)

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Date							
Ordering Agency							
Phone #:	Celli	#:	Fax #:				
Part # *DHS-AEL #	Item Description	Quantity	Price	Cost	Retail	Savings	%Saved
'			Subtotal				
			Tax:				
			Shipping:		-		
Diagon for this Dre Authorite	ation form to		Order Total:		-		
Please fax this Pre-Authoriza 1122 Program (916) 327-8714	MON FORM TO:		Craci lotal.		J		

<sup>\*</sup> DHS - AEL # - Department of Homeland Security, Authorized Equipment List Number (For Homeland Security Only)